# Dynamic Support Register Referral Information

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| CHILD’s NAME:DOB: GP (must be in Waltham Forest):NHS Number: ADDRESS: SCHOOL: EHCP?: | Diagnosis: ASD/Learning Difficulties/other (please add):Date of referral:For CCG Date on register:For CCG Date of last CETR:Date of last MDT: |
| Summary of Need |  |
| What are the referrers key concerns? please comment:* avoid hospital admission for those with ASD and/or LD
* avoid LAC period or 52 week residential if possible
* prevent family breakdown leading to the above
 |  |
| Education comments and package of supportPlease comment on access to education/attendance and achievement |  |
| Name of Education contact e.g. SENCO |  |
| Social Care comments and packages of supportPlease comment on any respite or short breaks in place |   |
| Name of Social Care contact including if known to Youth Justice |  |
| Health comments and packages of supportPlease outline interventions and support including any A and E attendance or hospital admission |  |
| List health practitioners involved |  |
| Key issues or areas to address from DSR |  |

Interventions

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| --- | --- | --- |
| Intervention/strategy | Yes | No/don’t know |
| Speech and Language Therapy |  |  |
| Communication passport |  |  |
| Occupational Therapy |  |  |
| Assessment/programme to develop skills in activities of daily living |  |  |
| ASD advisory teacher |  |  |
| Sensory profile |  |  |
| Assessment of impact of sensory needs on function |  |  |
| Functional Behaviour Assessment |  |  |
| PBS plan |  |  |
| PBS Support Worker |  |  |
| Hospital passport  |  |  |
| Police passport |  |  |

Name of referrer:

Designation:

Date:

Consent from parent/carer: date and how confirmed

Consent from child if there is capacity: